



Louisiana Board of Pharmacy

3388 Brentwood Drive
Baton Rouge, Louisiana 70809-1700
Telephone 225.925.6496 ~ Facsimile 225.925.6499
www.pharmacy.la.gov ~ E-mail: info@pharmacy.la.gov



Application for Late Renewal of Military Pharmacist License for Year 2017

Please complete, date and sign this application, and then mail it to the Board office, at the address noted above. An incomplete application, including one without the required attachments, shall be returned to the applicant. Applications received after February 1, 2017 may be subject to additional requirements.

Section 1. Contact Information

Name: _____ License No.: _____

NOTE: Mailing addresses are a matter of public record; we are required to make them available. If you have security concerns, we encourage your use of alternative services, e.g., post office boxes. If you wish to change your mailing address of record, please make the appropriate changes here.

Mailing Address: _____

City, State, ZIP: _____ Parish / County: _____

Telephone No: (Home) _____ (Mobile) _____

Email address: _____

Note: May be used for official communications.

Section 2. Military Exemption

1. Are you currently serving on active duty in one of the following branches of the United States Armed Forces: Air Force, Army, Coast Guard, Marines, or Navy?

Yes No

[NOTE: In the event you are no longer serving on active duty, you no longer qualify for the military exemption. Stop here, then retrieve and complete *Form No. 12 ~ Application for Renewal of Pharmacist License for Year 2017.*]

2. Please identify the service with which you are currently affiliated:

Air Force Army Coast Guard Marines Navy

3. Please attach a copy of your active duty orders to this application form. Applications received without this document will be returned to the applicant.

Section 3. Survey

The Louisiana Legislature has directed the Workforce Commission to collect and compile information concerning the healthcare provider workforce supply and demand in the state. In cooperation with the Workforce Commission, we are obliged to collect certain information from you. You are required to answer this question as part of your license renewal process. We appreciate your cooperation with this initiative.

1. On average, I practice pharmacy the following number of hours per week:

- | | |
|---|---|
| <input type="checkbox"/> Zero – not practicing pharmacy | <input type="checkbox"/> 31 to 40 hours |
| <input type="checkbox"/> 1 to 10 hours | <input type="checkbox"/> 41 to 50 hours |
| <input type="checkbox"/> 11 to 20 hours | <input type="checkbox"/> 51 to 60 hours |
| <input type="checkbox"/> 21 to 30 hours | <input type="checkbox"/> over 60 hours |

Section 4. Disciplinary History

1. During Calendar Year 2016 (or at any time since your last renewal), were you the subject of any of the following actions:

Yes No A. Have you been issued a citation or summons, OR
has a warrant been issued against you, OR
have you been arrested, charged, arraigned, indicted, or convicted, OR
have you pled guilty, no contest, nolo contendere, or any similar plea, OR
have you been sentenced or pardoned
for any criminal offense, including all misdemeanors and felonies, in any local, state,
or federal jurisdiction?

NOTE: Traffic violations such as speeding or parking tickets do not need to be reported; however,
DUI or DWI events must be reported, regardless of final disposition.

Yes No B. Have you had a professional license as a pharmacist or any other health care
provider denied, revoked, suspended, placed on probation, reprimanded, warned,
cited, fined, or otherwise sanctioned or restricted or limited, including voluntary
surrender of license and including restrictions associated with participation in
confidential alternatives to disciplinary programs, OR
Do you now have any disciplinary action pending against you by any state licensing
agency other than the Louisiana Board of Pharmacy?

Yes No C. Have you been named as a defendant in a civil/malpractice case relating to your
practice of pharmacy, OR
Has a medical review panel opinion been rendered relating to your practice of
pharmacy, OR
Have you been reported to the National Practitioner Data Bank, OR
Have your clinical privileges been limited, restricted, suspended, or revoked?

Yes No D. Have you been diagnosed with, or do you now have a medical, physical, mental,
emotional, or psychiatric condition that might affect your ability to safely practice as a
pharmacist?

Yes No E. Have you been diagnosed with, or have you been treated for, or are you now
receiving treatment for, a dependency on mood-altering substances, drugs, or
alcohol?

[NOTE: Subject to the exemption noted in 1-A, an affirmative response to any question in this Section requires two attachments: a
letter of explanation from you describing the incident in your own words, as well as a certified copy of the disciplinary or adverse
action.]

(continued on next page)

Section 5. Fees

Act 298 of the 2015 Legislature requires the Board to charge a new 'pharmacy education support fee' of \$100 on the renewal of every pharmacist license and pharmacy permit issued by the Board, in addition to the routine renewal fee. Further, the law requires the Board to provide an opportunity for the applicant to decline to pay the pharmacy education support fee. Finally, the law requires the Board to transfer all of the pharmacy education support fees collected to the publicly supported school of pharmacy.

- For applications hand-delivered, postmarked, or placed with a mail carrier on or after January 1, 2017 and before February 1, 2017, the following fees are applicable:

Pharmacist License Renewal Fee	\$ 0
Pharmacist License Late Renewal Penalty Fee	\$ 0
Pharmacist License Reinstatement Fee	\$ 0
Pharmacy Education Support Fee	<u>\$100</u>
Total Due:	\$100

In the event you wish to 'opt out' of paying the pharmacy education support fee, you must check the box next to the phrase below.

I decline to pay the pharmacy education support fee. Total Due: \$0

- For applications hand-delivered, postmarked, or placed with a mail carrier on or after February 1, 2017, the following fees are applicable:

Pharmacist License Renewal Fee	\$ 0
Pharmacist License Late Renewal Penalty Fee	\$ 0
Pharmacist License Reinstatement Fee	\$200
Pharmacy Education Support Fee	<u>\$100</u>
Total Due:	\$300

In the event you wish to 'opt out' of paying the pharmacy education support fee, you must check the box next to the phrase below.

I decline to pay the pharmacy education support fee. Total Due: \$200

Section 6. Attestation

I certify that all of the answers provided to all of the questions and all of the information provided during this renewal process are true and accurate. Further, I understand and agree the provision of false information could result in the filing of formal charges against me for the acquisition of a license by fraud or misrepresentation. Finally, I understand and agree that on a finding of such facts, the Board may take the necessary action to refuse to issue the renewal of my license, or if the renewal has already been issued, then the suspension or revocation of my license.

Yes No

Signature: _____ Date: _____
Original required; no stamps or facsimile accepted